

Printed Name

FORM 2*

Disclosure of Owners, Investors, Managers and Controlling Parties

Part I: Ownership Structure

List all persons and/or entities with any ownership interest, and all officers and directors or members/managers, whether they have ownership interest or not and anyone with managing or operational control of the cultivator license or licensed facility (collectively, "Key Persons"). If an entity (corporation, partnership, LLC, etc.) has interest, list all persons associated with such entity, their ownership in the entity, and their effective ownership in the license. List all parent, holding or other intermediary business interest. Attach a separate sheet if necessary.

Name Caleb Taggart	Title Owner	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
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Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License


Address [REDACTED]		City Pawtucket	State RI	ZIP 02860	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) ICPS, LLC		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name Siri Hanja		Title Owner	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address [REDACTED]		City Brooklyn	State NY	ZIP 11233	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) ICPS, LLC		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name James K. Dempsey		Title Investor	SSN/FEIN [REDACTED]	DOB [REDACTED]	App submitted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Address [REDACTED]		City Brooklyn	State NY	ZIP 11217	Phone Number [REDACTED]
Business Associated with (Parent business or sub-entity) ICPS, LLC		Own. % Business Associated with		Effective Own. % in Applicant [REDACTED]	
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	
Name		Title	SSN/FEIN	DOB	App submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		City	State	ZIP	Phone Number ()
Business Associated with (Parent business or sub-entity)		Own. % Business Associated with		Effective Own. % in Applicant	

Part II: Who, besides the owners and other Key Persons listed in this application (including persons, firms, partnerships, corporations, limited liability companies, trusts), will loan or give money, inventory, furniture or

Rhode Island Department of Business Regulation
Application for Medical Marijuana Cultivator License

equipment to or for use in this business, or hold a security interest therein; or who will receive money or profits from this business. Attach a separate sheet if necessary.

Name	Date of Birth	SSN/FEIN	Interest


Authorized Signatory

12/7/2016
Date

Caleb Taggart
Printed Name